

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILLED SEP 19 1941

Registration District No. 104

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

27925

Registrar's No. 233

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community years, months or days

3. (a) PRINT FULL NAME

Joseph Mason

3. (b) If veteran, name was

3. (c) Social Security No. None

Male

5. Color or race Negro

6. (d) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive

7. Birth date of deceased

(Month) (Day) (Year) 1893

8. AGE:

Years

Months

Days

If less than one day

48

—

—

hr. min.

9. Birthplace

Fulton Missouri

(State or foreign country)

10. Usual occupation

Porter

11. Industry or business

Richard Mason

12. Name

Virginia

13. Birthplace

Virginia

14. Maiden name

Evelina

15. Birthplace

A.R. O

16. (a) Informant

Mrs. Lillian Mason

(b) Address

1810 N. Leffingwell, St. Louis, Mo

17. (a) Date of death

Sept 4 1941

(b) Date of burial or cremation

Sept 4 1941

(c) Place of burial or cremation

South Side Cemetery Fulton, Mo

18. (a) Signature of funeral director

Eli Bell

(b) Address

Fulton, Mo

19. (a) Date received local registrar

Sept 4, 1941

(b)

R. M. Crews

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Fulton
(d) Street No. 837 Walnut
(If rural, give location)
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2d
year 1941 hour 6 minute 2 M.

21. I hereby certify that I attended the deceased from

19 to 19

that I last saw him alive on September 2d, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Natural Causes

had been partially paralyzed prior to death. - Apparently

Due to undernourished, and ill housed, and general breakdown.

Due to I know nothing further.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

(e) While at work? no (Specify type of place)

(f) Means of injury

23. Signature J. W. Holman, coroner

Address 8-E-8th ST. Fulton, Mo

Date signed

106 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

SEP 29 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Eli Bell

Licensed Embalmer No. *2130*

P. O. Address.....

Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.